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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)				Docket Number (Option	Docket Number (Optional)	
FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)				523.1006US	523.1006US	
Application Number 10/560,889				Filed 05-15-2006	Filed 05-15-2006	
For	Topica	therapy for the treatment of migranes, r	nuscle sprains, musc	le spasms, spasticity and	related conditions	
Art Unit 1627				Examiner MCMILLI/	Examiner MCMILLIAN, KARA RENITA	
	is a req cation.	uest under the provisions of 37 CFR 1.13	6(a) to extend the p	eriod for filing a reply in th	e above identified	
The	request	ed extension and fee are as follows (chec	k time period desire	d and enter the appropria	te fee below):	
	<u>Fee</u>			Small Entity Fee		
		One month (37 CFR 1.17(a)(1))	\$130	\$65	\$	
		Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$	
	V	Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$ <u>555</u>	
		Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$	
		Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$	
V.	Applicant claims small entity status. See 37 CFR 1.27.					
	A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account.					
	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, Deposit Account Number 50-0552					
WARNING: Information on this form may become public. Credit card information should not be included on this form, Provide credit card information and authorization on PTO-2038.					uded on this form.	
I am the applicant/inventor.						
	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).					
	attorney or agent of record. Registration Number 32,728					
attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34						
/	/Clifford M. Davidson/ Signature Clifford M. Davidson			December 10,	December 10, 2010	
					Date	
9				(212) 736-194	(212) 736-1940	
Typed or printed name				Teleph	Telephone Number	
NOTE signat	: Signatur ure is requ	es of all the inventors or assignees of record of the e ired, see below.	ntire interest or their repre	sentative(s) are required. Submit	multiple forms if more than one	
Total of 1 forms are submitted.						

This collection of information is required by 37 CFR 1.136(p). The information is required to obtain or retain a benefit by the public which is to file (and by the USFP to process) an application. Confidentifiely is governed by 50 U.S. C. 120 and 37 CFR. 11 and 11.4. This collection is estimated to take its moutes to complete, including galhering preparing, and submitting the completed application from to the USFP.O. Time will vary depending upon the including callering preparing, and submitting the completed application from to the USFP.O. Time will vary depending upon the including callering comments to the amount of time you require to complete its form and/or suggestions for recturing this burder, should be sent to the Cheff information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Idexandria, VA 22313-1450.